DEPARTMENT OF OPHTHALMIC PATHOLOGY

Ian W. McLean, M.D.
Chairperson
Date of Appointment - 21 November 1986

MISSION

The mission of the Ophthalmic Pathology Department is threefold:

(1) To provide consultation service to pathologists of the Armed Forces, Veterans Affairs, and the U.S. Public Health Service and to civilians. Complete gross and microscopic examinations are made on enucleated eyeballs for contributors located in hospitals where facilities and trained personnel are not available for this specialized work. Diagnoses are provided to medical centers on microslides of interesting, unusual, and/or difficult cases.

(2) To conduct research based on the wealth of accumulated case material in the Registry of Ophthalmic Pathology. Research is often conducted with outside scientists or in collaboration with personnel in other departments and divisions, involving special histochemical, immunological, and electron-microscopic techniques and specialized equipment. Reports and scientific papers are prepared for publication and/or oral presentation. Books, monographs, fascicles, and atlases are prepared when requested.

(3) To administer graduate training in ophthalmic pathology to residents and fellows and to organize and conduct courses in ophthalmic pathology.

STAFF

Professional / Medical

Ian W. McLean, M.D., Chairperson
Ahmed A. Hidayat, M.D., Staff Pathologist
Miguel V. Tellado-Fente, Lt Col, USAF, MC

Visiting Scientists

Lorenz E. Zimmerman, M.D., Professor of Pathology and Ophthalmology, Georgetown University

Administrative

Alonzo L. Ray Jr., Secretary
Helen M. Allen

CONSULTATION

Cases

Description	*Received*
Military	146
Federal (VA/PHS)	66
Intramural	50
Civilian	751
Total	963

In 14 cases, we had major disagreements with the contributor; in 70 cases, there were minor diagnostic changes; and in 588 cases, no contributor diagnosis was given. We agreed with the contributor in 291 of the cases.

The department provided consultation services to military and Veterans Affairs hospitals. This amounted to "first echelon" support for most of these contributors. Very few governmental hospitals have either technical or professional personnel trained to prepare whole eyes for histopathologic study or to evaluate alterations in sectioned eyes. The department, therefore, served as the central laboratory for routine diagnostic work in ophthalmic pathology and provided consultation services as well. Similarly, there are manycivilian communities throughout the world where no facilities are available for this work. Through the auspices of the Registry of Ophthalmic Pathology, sponsored by the American Academy of Ophthalmology, the department rendered consultation services to civilian contributors. Much of the routine civilian work has been diverted to ophthalmic pathology laboratories at universities and other institutions. These laboratories now provide "first echelon" service and forward only the particularly difficult or unusually interesting cases to the AFIP, so that the Ophthalmic Pathology Department is receiving fewer but more difficult cases.

RESEARCH

Members of the department published six papers and seven abstracts during 1995. The staff continues to investigate hematogenous metastasis of uveal melanoma with the aid of computer-generated mathematical models and continues the study of prognostic factors for uveal melanomas, retinoblastomas, immunohistochemistry of ophthalmic tumors, and inflammatory diseases of the eye. We will continue to generate pilot data with the goal of obtaining outside grant support for our research activities.

EDUCATION

The facilities and personnel of the AFIP continue to be in great demand for training in various phases of ophthalmic pathology and research. During 1995, approximately 50 physicians began or completed training on a full-time status for 3 to 18 months. We had four full-time fellows in training for a year; 22 residents from local hospitals were assigned for 3 to 4 months. In addition, 16 medical students spent their elective months in the department.

The annual course "Ophthalmic Pathology for Ophthalmologists" was held 27 August to 1 September at the Leavey Conference Center, Georgetown University, Washington, D.C.

PRESENTATIONS

1. May 1995: San Juan, Puerto Rico, First AFIP course for Latin pathologists, "Pigmented Epibulbar Lesions, Sebaceous Cell Carcinomas and Lymphoid Lesions of the Orbit," Miguel Tellado, Lt Col, USAF, MC.

PUBLICATIONS

Abstracts

1. Adefolalu A, McLean IW. Pattern of amyloid deposition in corneal lattice and granular dystrophies and secondary amyloid degeneration. *Invest Ophthalmol Vis Sci.* 1995;36:S1027.
2. Font RL, Laucirica R, McLean IW. DNA flow cytometry and p53 expression in sebaceous carcinoma of the ocular adnexa. *Invest Ophthalmol Vis Sci*. 1995;36:S496.
3. Hidayat AA, Tellado M. Mucinous cells in the lacrimal gland. *Invest Ophthalmol Vis Sci*. 1995;36:5495.
4. Hubbard GB, McLean IW, Tellado M. Uveal malignant melanoma and congenital melanosis. *Invest Ophthalmol Vis Sci*. 1995;36:S415.

5. Rubin RM, Proja AD, Hidayat AH. Lens epithelial hyperplasia with new capsular formation: potential for outgrowth or repair. *Invest Ophthalmol Vis Sci*. 1995;36:1030.
6. Sibug ME, McLean IW, Hidayat AH. Rosai-Dorfman disease: a rare cause of brawny scleritis. *Invest Ophthalmol Vis Sci*. 1995;36:S1026.
7. Specht CS, Burnier MN, McLean IW, Hidayat AA. Mesectodermal leiomyoma and mesodermal leiomyoma of the uvea. *Invest Ophthalmol Vis Sci*. 1995;36:S490.

Journal Articles

1. Butrus SI, Ashraf MF, Hidayat AH, Laby DM, Robinowitz AI, Tabbara SO. Increased numbers of mast cells in pterygia. *Am J Ophthalmol*. 1995;119:236-237.
2. Mafee F, Ainbinder DJ, Hidayat AH, Friedman SM. Magnetic resonance imaging and computed tomography in the evaluation of choroidal hemangioma. *Int J Neurol.* 1995;1:67-77.
3. McLean IW. Prognostic features of uveal malignant melanoma. *Ophthalmol Clin North Am*. 1995;8:143-153.
4. McLean IW, Ainbinder DJ, Gamel JW, McCurdy JB. Ciliary body malignant melanoma: a multivariate survival analysis of tumor location. *Ophthalmology*. 1995;102:1060-1064.
5. Perlman JI, Specht CS, McLean IW, Wolfe SA. Oncocytic adenocarcinoma of the lacrimal sac: report of a case with paranasal sinus and orbital extension. *Ophthalmic Surg*. 1995;26:377-379.
6. Rodrigues MM, Choe HS, Hidayat AH. Advances in corneal pathology. *Ophthalmol Clin North Am*. 1995;8:83-107.